

Midwife with each local Registrar within 5 days after birth.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
BUREAU OF VITAL STATISTICS		State Index No. <u>139</u>	
County of <u>Pima</u>	District of _____	ORIGINAL CERTIFICATE OF BIRTH	
Town of <u>Miami</u>	or _____	Co. Register No. <u>289</u>	
City of _____	(No. _____ St; _____ Ward)	Local Registrar's No. _____	
FULL NAME OF CHILD <u>Manuela Carlos</u>		Born	YES
If child is not named, make Supplemental Report on blank obtainable from local registrar.		Alive	<input checked="" type="checkbox"/>
Sex of Child <u>M</u>	Twin, Triplet or other <u>1</u>	and	Number in order of birth <u>1</u>
			Legitimate? <u>Y</u>
			Date of Birth <u>May 17</u> 191 <u>8</u>
			(Month) (Day) (Yr.)
FATHER		MOTHER	
Full Name <u>Ignacio Carlos</u>	Full Maiden Name <u>Estera Legendas</u>		
Residence <u>Miami</u>	Residence <u>Miami</u>		
Color or Race <u>Mex</u>	Age at last Birthday <u>32</u> (Years)	Color or Race <u>Mex</u>	Age at last Birthday <u>19</u> (Years)
Birthplace <u>Mexico</u>		Birthplace <u>Mexico</u>	
Occupation <u>Laborer</u>		Occupation <u>OK</u>	
Number of child of this mother <u>1</u>	Number of children, of this mother, now living <u>1</u>	Were precautions taken against Ophthalmia neonatorum? <u>Y</u>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of above child; and that it occurred on <u>May 17</u> 191 <u>8</u> , at <u>8:30</u> A.M.			
{ *When there is no attending physician or midwife, then the householder should make this return.			
Given or christian name added from a supplemental report _____ 191_____		(Signature) <u>Chas E. Smith</u>	
		(Attending physician, midwife, householder. *)	
		Address <u>Miami</u>	
		<u>John H. Boey</u>	
		LOCAL REGISTRAR.	
<u>432-577-512</u>		A True Copy <u>B. G. Gray</u>	
COUNTY REGISTRAR.		COUNTY REGISTRAR.	